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Substitute for form 1449/PTO <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(Use as many sheets as necessary)</i>				<b>Complete if Known</b>	
				Application Number	09/990,909
				Filing Date	November 16, 2001
				First Named Inventor	Joan M. Fallon
				Art Unit	1645
Examiner Name	Albert Mark Navarro				
Sheet	1	of	2	Attorney Docket Number	41012-705.201

## U.S. PATENT DOCUMENTS

Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		<i>(Narrower Kind Code if known)</i>			
	1.	None.			

## FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	1 <sup>2</sup>
		<i>(Country Code - Number - Kind Code if known)</i>				
	2.	None.				

Examiner Signature	Date Considered
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\*EXAMINER: Where it reference considered, whether or not citation is in accordance with MPEP 609. Draw the through citation if not in accordance and are considered. Include copy of the form with new correspondence to applicant. \*Applicant's unique accession designation number (optional). \*The Kind Code of USPTO Patent Documents at (MPEP 901.04). \*First Office that issued the document, by the inventor code (WIPO Standard ST.33). \*For foreign patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. \*Kind of document by the appropriate symbol as indicated on the document under WIPO Standard ST.33 if possible. \*Applicant is to place a check mark here if English language translation is attached.

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<sup>2</sup>If you are uncertain in completing this form, call 1-800-PTO-9179 (1-800-796-9179) and select option 2.

Attorney Docket No. 41012-705.201

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NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	7 <sup>2</sup>
	3.	LEVY, et al. Relationship of dietary intake to gastrointestinal symptoms in children with autistic spectrum disorders. Biol Psychiatry. 2007 Feb 15;61(4):492-7.	
	4.	Office Action dated 04/27/11 for US Application 10/681,018.	
	5.	STURMEY. Secretin is an ineffective treatment for pervasive developmental disabilities: a review of 15 double-blind randomized controlled trials. Res Dev Disabil. 2005 Jan-Feb;26(1):87-97.	

Examiner Signature	/Albert M Navarro/	Date Considered	05/19/2011
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\*EXAMINER: Initial is reference considered, whether or not citation is in conformance with MPEP 609 of this form with new communication on applicant.

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